

COUNTRYSIDE ACADEMY
OFFICE OF THE ADMINISTRATOR
4800 MEADOWBROOK ROAD, BENTON HARBOR, MI 49022
PHONE: 269-944-3319 FAX: 269-944-3724
EMAIL: LSPERRY@COUNTRYSIDEACADEMY.ORG
www.countrysideacademy.org

FOIA REQUEST FOR PUBLIC RECORDS
MICHIGAN FREEDOM OF INFORMATION ACT, PUBLIC ACT 442 OF 1976, MCL 15.231, ET SEQ.

Request for: Copy Certified Copy
 Record inspection

Delivery Method: Pick up records in person Mail to address above
 Email to address below
Delivery will be provided as indicated upon receipt of all associated costs

Name	Phone	
Firm/Organization	Fax	
Street	Email	
City	State	Zip Code

(PLEASE PRINT OR TYPE)

DESCRIBE THE PUBLIC RECORD(S) AS SPECIFICALLY AS POSSIBLE:

I am not requesting records or information relating to a civil action in which I (or a person on whose behalf I am making the request) and the School are parties.

Requestor's Signature	Date
Consent to Non-Statutory Extension of School's Response Time	
I have requested a copy of records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, <i>et seq.</i> I understand that the School must respond to this request within five (5) business days after receiving it (<i>email submittals will be considered received on the next business day</i>), and that response may include taking a 10-business day extension. However, I hereby agree to extend the School's response time for this request until: _____ (MM/DD/YYYY).	
Requestor's Signature	Date

**FREEDOM OF INFORMATION ACT AFFIDAVIT OF
INDIGENCY REQUESTING PARTIAL WAIVER OF COSTS**

The applicant, being duly sworn and subject to penalties of perjury, states as follows:

1. That I am making this affidavit on personal knowledge and everything herein is true and correct to the best of my knowledge.
2. That I am making a request for public records from Countryside Academy pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq., and I request that the first \$20 of fees and costs associated with this request be suspended as allowed by the Freedom of Information Act. I am indigent and (Circle A or B, not both):
 - A. I am currently receiving public assistance:
\$ _____ per _____ (week, month); Case No. _____
 - B. I am not receiving public assistance but I am unable to pay these fees and costs because of indigency, based on the following facts: (Please fill out completely, the School reserves the right to ask for additional documentation)

INCOME: _____

(Employer Name and Address) _____ (Length of Employment)
_____ Average gross pay per pay period (week/month/two weeks)
_____ Average net pay per pay period (week/month/two weeks)

ASSETS: State value of car, home, bank deposits, bonds, stocks, etc.

OBLIGATIONS: Itemize monthly rent, installment payments, mortgage payments, child support, etc.

3. I have not received more than two discounted copies from Countryside Academy in the current calendar year.
4. This request is not being made in conjunction with outside parties in exchange for payment or other form of compensation or remuneration.

Signature of Applicant

Printed Name of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____, by applicant

Notary Public, Berrien County, Michigan
My Commission expires: _____
Acting in Berrien County, Michigan

School Staff: Keep original and provide copies of each sheet and Public Summary to requestor at no charge

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**Non-Profit Waiver
Form**

**FREEDOM OF INFORMATION ACT REQUEST FOR
WAIVER OF COSTS – NON-PROFIT ORGANIZATION**

In support of seeking a waiver of the first \$20.00 of the fee for providing records under the Freedom of Information Act, the below signed individual states the following:

1. I am the authorized representative of _____, a non-profit organization under the laws of the State of _____.
2. The above named organization has been formally designated by the State of Michigan to carry out activities under Subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, and the Protection and Advocacy for Individuals with Mental Illness Act, Public law 99-219, or their successors, and documentation of its designation is attached.
3. This request is being made directly on behalf of the above-named organization or its clients.
4. This request is being made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Michigan Mental Health Code, 1974 Public Act #258, MCL 330.1931.

Dated: _____, 20____

Signature